CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) James M Rockett Name (2) 14155 43 rd Road Address (number and street) Loxahatchee, FL 33470 City, State, Zip Code	DEC 0 9 2015 BY: V. Walton 10:35AM.					
☐ Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): Candidate Office Sought:	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed					
(5) Report	•					
	11 30 2015 Report Type: MI					
☐ Original ☐ Amendment ☐ Spe	cial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, 260 P	Monetary					
Loans \$, <u>300 @0</u>	Transfers to Office Account \$,,					
Total Monetary \$, , <u>300</u> . <u>00</u>	Total Monetary \$, , ,					
In-Kind \$, ,						
	(8) Other Distributions \$,					
(9) TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date \$, 76 . 95					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, corre	A 1 (
(Type name) James M Kockett ☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer	(Type name) James M Rockett Candidate Chairperson (only for PC and PTY)					
x James M Cachella Signature	X Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)	
	Rockett James M 14155 43 rd Road Loxabatchee, FL 33472					f 300.00	
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DS-DE 13 (Rev. 11/13)

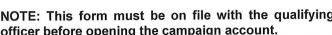
SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	CAMPAIGN TREASURER'S REJ	D EXPENDITURES (2) I.D. Number			
	d <u>// / / /5</u> through <u>//</u> /		4) Page	of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11/9/15	Town of Loxahatchee Groves 155 F. Road Loxahatchee, FL 33470		6A9		\$ 60.00
11/18/15	SUNTRUST BONK 9951 OKECCHOBER Blud W.P.B,FC 33411		CAN		\$16.93
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/ /					
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APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)





BY: Y. Walton 3:21 PM

NOTE: This form must be on file working the campaign						OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(ES):								
	ng to Change: 🔲 T	reasurer/[3 15	Depositor		Office		Party
2. Name of Candidate (in this order: Fi	irst, Middle, Last)			lude post office	e box or s	treet, city,	state, 2	zip
James M Rocke	ett	code)	1415	5 43rd				
4. Telephone 5. E-mail ad			Loxa	hatchee	, FL 3	3470		
() jrockette	oloxaketchee grove	S ov						
6. Office sought (include district, circui	it, group number)			ındidate for a	<u>nonparti</u>	<u>san</u> office	, chec	k if
Loxahatchee Groves Town Council-Seat #2 applicable: My intent is to run as a Write-In				n cand	idate.			
8. If a candidate for a <u>partisan</u> office,	check block and fill	I in name	of party	as applicable:	My inte	ent is to rui	n as a	
☐ Write-In ☐ No Party Affiliation ☐Party candidate.								
9. I have appointed the following per	son to act as my	X Can	npaign Tr	easurer	Deput	y Treasure	∍r 	
10. Name of Treasurer or Deputy Treas								
James Rockett								
11. Mailing Address					12. Telep	ohone		
	ntv T15. Sta	ate 16	Zin Code	17. E-mail	address		ž.	
13. City 14. County 15. State 16. Zip Code 17. E-mail address 16. Zip Code 17. E-mail address 18. State 19. State								
18. I have designated the following b		Prima	ary Depos			ry Deposit		
19. Name of Bank		20. Addr	ess		21.1			
Sun Trust Bask 9951 Okeechobee Blud								
	2. County		23. Sta	ite		24. Zip C	4	
west Polm Beach	Pala Beach		1	-L		334	//	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.								
25. Date /		26. Sign	ature of C	andidate	1			
11/6/2015	*	X	Xon	ues Lo	chll			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I,, do hereby accept the appointment					ıt			
(Please Print or Type Name)								
designated above as:	Campaign Treasure	er 🔎	Deputy	Treasurer.				
1/6/2015 X Trues Cochet								
Date		Signature	e of Cam	oaign Treasure	r or Depu	ity Treasur	er	